

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010667

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary/Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED APR 9 1963

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN At Home		c. CITY OR TOWN Quin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route #2,		d. STREET ADDRESS (If outside, give location) Route #2	
3. NAME OF DECEASED (Type or print) First Middle Last Earl Patrick Vincent		4. DATE OF DEATH Month Day Year Mar. 28, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-17-1897
9. AGE (last birthday) 65		10. IF UNDER 1 YEAR. IF UNDER 24 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Wayne County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Dave Vincent		13b. MOTHER'S MAIDEN NAME Eliza Robinson	
14. NAME OF HUSBAND OR WIFE Leola Grady Vincent, Dec'd		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no; or unknown) (If yes, give war or dates) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Carl Vincent, St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause plus PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decompression DUE TO (b) Cor pulmonale DUE TO (c) Bronchial Asthma and Emphysema PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 2 wks	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12-19-62 to 28 Mar 63 and last saw him alive on 27 Mar 63 Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. C. B. Brown MD		22b. ADDRESS 321 Oak Poplar Bluff, Mo	
22c. DATE SIGNED Mar 30 1963		23. NAME OF CEMETERY OR CREMATORY Mount Zion	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-21-63	23d. LOCATION (City, town, or county) (State) Butler County, Mo.	
24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 4-4-1963	
26. REGISTRAR'S SIGNATURE Shelene Graham			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

APR 25 1963